

# **LIFETIME HEALTHCENTER**

## **DERMAL FILLERS CONSENT FORM**

Restylane® /Silk®/LYFT®, Juvederm Ultra XC®, Juvederm Ultra Plus XC®, Voluma XC®, Radiesse/PLUS® & Belotero Balance®

**I request treatment for the following areas \_\_\_\_\_.**

All of the above injectables are clear, non-animal, biodegradable gels derived from a natural substance called hyaluronic acid. Hyaluronic acid is the fluid portion of our dermal make-up that collagen and elastin fibers are connected with, delivers nutrients, hydrates the skin by holding water and acts as a cushion and lubricant. Replacing hyaluronic acid temporarily restores skin volume and provides a smooth, natural appearance while promoting collagen production. Hyaluronic fillers are used to fill lines, wrinkles, lips and provide structure, elasticity and volume. Voluma XC is only used in the mid face.

A very fine needle is used to inject a small amount of gel into the skin or subcutaneous tissue. Lidocaine is incorporated into gels to minimize any discomfort. Topical anesthetic creams or gels can be used for comfort as well. The results are instantaneous with a long lasting, natural enhancement that is safe to your skin.

After the first treatment, an additional treatment of filler may be needed to achieve the desired level of correction. The need for additional treatments varies from patient to patient. With time, the filler will gradually break down and be absorbed by your body. As a result, injections will need to be repeated to maintain the desired effect. Depending on the filler used, the results can last from 3 months up to 2 years.

**ALTERNATIVE TREATMENTS:** Alternatives include not performing the treatment at all. Other alternative treatments which vary in sensitivity, effect and duration include animal derived filler products, dermal fillers derived from the patient's own fat tissues, synthetic plastic permanent implants or toxins that can paralyze muscles that cause some wrinkles.

**SIDE EFFECTS/RISKS:** Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with to make sure you understand the risks, potential complications, and consequences of dermal fillers. **COMMON SIDE EFFECTS:**

- Temporary redness and slight swelling at the injection site
- Discomfort during the injection procedure
- Minimal bruising at the injection site
- Slight lumpiness of the filler for a few days
- Tyndall effect (blue stain)
- Asymmetry, scarring, nodules, lumping

**UNSATISFACTORY RESULTS:** There is the possibility of a poor or inadequate response from dermal fillers. There might be an uneven appearance of the face with some areas more affected by the filler than others. In most cases this uneven appearance can be corrected by more injections in the same or nearby areas. In some cases, this uneven appearance can persist for several weeks or months. The practice of medicine and surgery is not an exact science. Although, good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

The use of laser treatments, before the suggested 2 week waiting period, on top of the injection sites carries the risk of lessening or loss of the implant.

**Pregnancy, Nursing, Neurologic Disease, and Medications:**

I am not aware that I am pregnant nor that I have any significant neurologic disease.

\_\_\_\_\_ *Patient Initials*

Photographs may be taken prior to treatment for comparisons to consecutive treatments.

\_\_\_\_\_ *Patient Initials*

**Payment:**

I understand that this procedure is cosmetic and that payment is my responsibility. I have read the above consent form and understand all of it.

\_\_\_\_\_ *Patient Initials*

I have requested that Rene McCarty PA-C, Wendy Freden PA-C and Brittani Hernandez, LVN administer the following: (please initial)

_____ Restylane®	_____ Restylane Silk®	_____ Restylane- L®
_____ Perlane®	_____ Perlane-L®	_____ Belotero®
_____ Juvederm Ultra XC®	_____ Juvederm Ultra Plus XC®	_____ Voluma XC®

I agree that this constitutes full disclosure and it supersedes any previous verbal or written disclosures. I have read and fully understand the above paragraphs and I have had sufficient opportunity for discussion and questions. No guarantee has been given by anyone as to the results that may be obtained by the treatment. I have been provided with pre and post care instructions to ensure optimal results may be obtained. I will follow all aftercare instructions as it is crucial to do so for good healing and to minimize the risk of complications. It has been explained to me in a way that I understand:

1. The above treatment or procedure to be undertaken.
2. There may be alternative procedures or methods or treatment.
3. There are risks, known and unknown, to the procedure or treatment proposed.

**It is important that you read the above information carefully and have all of your questions answered before signing this consent form. Thank you.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

TREATMENT PLAN:

AREA TREATED	TREATMENT TIME	ESTIMATED TREATMENTS REQUIRED	FREQUENCY

PRACTITIONER SIGNATURE: \_\_\_\_\_

MEDICAL PROFESSIONAL: \_\_\_\_\_